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23543 7590 05/17/2005

AIR PRODUCTS AND CHEMICALS, INC.
 PATENT DEPARTMENT
 7201 HAMILTON BOULEVARD
 ALLENTOWN, PA 181951501

05/26/2005 BABRAHA2 00000061 010493 10043841

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 30.00 DA

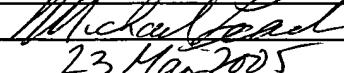
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Michael Leach

(Depositor's name)



(Signature)

23 May 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/043,841	01/09/2002	Kevin Rodney Lassila	113PUS05945D	3661

TITLE OF INVENTION: MALIC ACID DIESTER SURFACTANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CAIN, EDWARD J	1714	524-310000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael Leach

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Air Products and Chemicals, Inc. Allentown, PA 18195

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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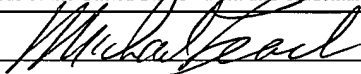
- ☐ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0493 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

23 May 2005

Typed or printed name

Michael Leach

Registration No.

27,349

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